## PART B - FEE(S) TRANSMITTAL

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Complete and send t	hig form, together wit	h applicable fe	ee(s), to: <u>Ma</u>	<u>il</u> Ma	il Stop ISSUE				
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SEP 2 7 2005					P.O. Box 1450 Alexandria, Virginia 22313-1450				
	<i>[5]</i>		or <u>Fa</u>		l) 273-2885 ີ	•			
NSTRUCTONS: This for	should be used for trans	smitting the ISSU	E FEE and PU	BLICATION	ON FEE (if requ	ired). Blocks	1 through 5 s	hould be completed	wh
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Bellingham, WA 98226-5583					Marie Tiemersma (Depositor's na				
9/28/2005 TBESHAH2 00000021 10723402					Tharie Tiemersma (Signat				
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TITLE OF INVENTION: C	HAMBERED HULL BOAT	DESIGN METHO	DD AND APPAI	RATUS					
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APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE		TOTAL FEE(S) DUE		DATE DUE	
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CFR 1.363).  Change of correspondence address (or Change of Correspondence			(1) the name	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,					
Address form PTO/SB/122) attached.			_	me of a single firm (having as a member a 2.Hughes Law Firm, PLL					PLLC
"Fee Address" indication (or "Fee Address" Indication form registered a				tomey or a	ney or agent) and the names of up to ent attorneys or agents. If no name is 3				
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  2 registered particular description of a customer listed, no name					will be printed.				
. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT (p	print or typ	e)				
PLEASE NOTE: Unless	an assignee is identified he	low no assignee	data will appear	r on the pa	tent. If an assign	nee is identifie	d below, the o	locument has been f	filed
recordation as set forth ir	37 CFR 3.11. Completion of	of this form is NO	l'a substitute for	r filing an a	ssignment.				
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
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			USA	nam, w	A 96225				
lease check the appropriate	e assignee category or categor	ries (will not be pri	inted on the pate	ent): 🗖	Individual 🖺 C	orporation or o	ther private gr	oup entity Gove	rnm
a. The following fce(s) are	enclosed:	4b	. Payment of Fe	e(s):					
Issue Fee					of the fee(s) is en				
Publication Fee (No s		t card. Form PTO-2038 is attached.							
Advance Order - # of	f Copies10		The Director	or is hereby	y authorized by c 08-3260	harge the requ	iired fee(s), or	credit any overpays	nent
Change in Entity Status	(from status indicated above	· ·	D e p contra to com			(***		. ору се инс тесну.	
	MALL ENTITY status. See 3		☐ b. Applican	t is no long	er claiming SMA	LL ENTITY s	tatus. See 37 C	FR 1.27(g)(2).	
			tion Fee (if any)	or to re-ap	ply any previous	ly paid issue fo	e to the applic	ation identified abov	e.
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Authorized Signature	1111				DateS	eptember	23, 200		
Typed or printed name _	Michael F. Hu	ighes			Registration	No. 41,0	84		
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